

Specializing in  
Patents, Trademarks & Copyrights  
& Corporate Matters

Harry M. Weiss\*  
Jeffrey L. Weiss\*  
Jeffrey D. Moy\*  
Andrew M. Harris\*  
Janine R. Novatt\*  
Farley I. Weiss  
Mark H. Weiss  
Karen J. Sepura

\*Registered Patent Attorney  
Patent Agent:

Gudrun Passlack, Ph.D.

Of Counsel:  
Craig R. Weiss\*  
Jessica J. Weiss

## WEISS, MOY & HARRIS, P.C.

Attorneys and Counsellors  
4204 N. Brown Ave.  
Scottsdale, Arizona 85251-3914  
480-994-8888  
Fax 480-947-2663  
patents@weissiplaw.com

Washington, D. C. Office  
1101 14<sup>th</sup> Street, N.W.  
Suite 500  
Washington, D.C. 20005  
202-682-1722  
Fax 202-682-1723

Las Vegas, Nevada Office  
5851 W. Charleston  
Las Vegas, Nevada 89146  
702-878-7323  
Fax 702-878-4510

### FACSIMILE COVER SHEET

**DATE:** July 9, 2003

Please deliver the following pages to:

**NAME:** Examiner Vincent N. Trans

**COMPANY:** USPTO

**FROM:** Joan Brown

**RE:** Petition for Withdrawal as Attorney  
App. No. 10/086,263

**FAX NO:** 703 305 8266

**PAGES SENT** (Including cover sheet) 2

As you requested, attached please find resubmitted Request For Withdrawal As Attorney Or Agent with the addition to the reason for the request.

Thank you for your assistance.

**FAX RECEIVED**

JUL 9 0 2003

Technology Center 2100

**FAX RECEIVED**

JUL 0 9 2003

Technology Center 2100

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT**

Application Number	10/086,263
Filing Date	3-4-02
First Named Inventor	Nance
Art Unit	2171 2171
Examiner Name	Unassigned
Attorney Docket Number	4248P2441

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**FAX RECEIVED**

JUL 9 0 2003

I hereby apply to withdraw as attorney or agent for the above identified patent application.

Technology Center 2100

The reasons for this request are: *Lack of client cooperation.* The client  
has been informed of our intention to request withdrawal as attorney.

1. ☐ The correspondence address is NOT affected by this withdrawal.  
2. ☒ Change the correspondence address and direct all future correspondence to:

**FAX RECEIVED**

JUL 0 9 2003

**CORRESPONDENCE ADDRESS**☐ Customer Number

Technology Center 2100

Place Customer Number  
Bar Code Label Here

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Scott C. Nance		
Address	10248 Splendor Ridge Avenue		
Address			
City	Las Vegas	State	Nevada
		Zip	89135
Country	U.S.A.		
Telephone	702 314 4467	Fax	702 314 4467

- ☒ This request is made on behalf of myself and  
☐ all the attorneys/agents of record.  
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or  
☒ the attorneys/agents associated with Customer Number 23504

This request is enclosed in triplicate (including any attachments).

Name Harry M. WeissSignature *Harry M. Weiss*Date 5/16/03

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.38. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

\*\*\*\*\*  
\*\*\* RX REPORT \*\*\*  
\*\*\*\*\*

RECEPTION OK

TX/RX NO	6170
CONNECTION TEL	
CONNECTION ID	
ST. TIME	07/09 14:00
USAGE T	00'48
PGS.	2
RESULT	OK